

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**FUNERAL SERVICE ESTABLISHMENT and  
PRENEED FUNERAL ARRANGEMENT PROVIDER**

DOPL-AP-057 REV 11/20/2003

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**SUPPORTING DOCUMENTS AND FEES:**

**In addition to submitting a completed application, complete the following:**

1. Submit proof of registration or good standing of your business name, such as D.B.A. name registration or corporate or limited liability company standing with the Utah Division of Corporations, located in the Heber Wells Building, 160 East 300 South, Salt Lake City, Utah, phone number (801) 530-4849.
2. Submit a **\$200.00** non-refundable application-processing fee, made payable to "DOPL."

3. If you are applying for a preneed funeral arrangement provider license — in addition to a funeral service establishment license — also complete the following:

**NOTES:** In order to sell preneed funeral arrangement contracts, a funeral service establishment must also be licensed as a preneed funeral arrangement provider.

In order to maintain a preneed funeral arrangement provider license, a provider must maintain a funeral service establishment license.

- ☐ Submit an additional **\$110.00** non-refundable application-processing fee.

Note: The total fees for both licenses are \$310.00, made payable to “DOPL.”

- ☐ A copy of all forms of contracts or agreements that you will use in the sale of preneed funeral arrangements.
- ☐ If you intend to sell preneed funeral arrangement contracts by use of insurance, provide a copy of your insurance license.

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ☐ Division of Occupational and Professional Licensing Act
- ☐ General Rules of the Division of Occupational and Professional Licensing
- ☐ Funeral Services Licensing Act
- ☐ Funeral Services Licensing Act Rules

You may also purchase them for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

2. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
3. **Licensed Funeral Service Director:** In order to maintain a funeral service establishment license, the establishment must maintain at all times a licensed funeral service director.

4. **Annual Reports:** Preneed funeral arrangement providers are required to make annual reports to the Division disclosing details of all preneed funeral arrangement sold, serviced and pending and a report on trust funds maintained. Format of report forms are available from the Division.
5. **License Renewal:** All funeral service licenses expire May 31 of each even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

6. **Updating Address Information:** It is your responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
7. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

8. **Telephone Numbers:** (801) 530-6628  
  
(866) ASK-DOPL – Toll-free in Utah  
(866) 275-3675
9. **Fax Number:** (801) 530-6511

**BLANK PAGE**

# APPLICATION FOR LICENSURE

The business legal name is the name that will appear on the registration. If the applicant for registration is a business entity, this is normally the name registered with the Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation d.b.a. XYZ Accounting. If the applicant is a branch office which is not required to be separately registered with the Division of Corporations, list that office also, e.g., XYZ Corporation, Salt Lake Office.

## GENERAL INFORMATION:

License(s) Applying For: \_\_\_\_\_ Funeral Service Establishment  
\_\_\_\_\_ Preneed Funeral Arrangement Provider

**BUSINESS LEGAL NAME:** \_\_\_\_\_

**FEDERAL ID NUMBER:** \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**ORGANIZATION TYPE:**

\_\_\_\_\_ Corporation

Corporate Name: \_\_\_\_\_

Utah Corporation Number: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Utah Certificate of Authority Number: \_\_\_\_\_

\_\_\_\_\_ Partnership

Name of Partnership: \_\_\_\_\_

\_\_\_\_\_ General \_\_\_\_\_ Limited

Date of Partnership Agreement: \_\_\_\_\_

\_\_\_\_\_ Sole Proprietorship

Name of Proprietor: \_\_\_\_\_

\_\_\_\_\_ Limited Liability Company

Utah Limited Liability Number: \_\_\_\_\_

Date Organized and Filed: \_\_\_\_\_

\_\_\_\_\_ Other Type of Business Form: \_\_\_\_\_

**IDENTIFYING INFORMATION FOR ORGANIZATION TYPE:**

**Supply the identifying information below for all corporate stockholders, limited liability company members, partnership general and limited partners, and proprietorship owner.**  
(Use additional sheets if necessary.)

Full Name: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Funeral Director License Number: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Funeral Director License Number: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Funeral Director License Number: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Funeral Director License Number: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

# FUNERAL SERVICE QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending by any profession licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Is the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant currently under investigation or is any disciplinary action pending against such now by any licensing agency?
6. \_\_\_\_\_ Is any action now pending against the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If licensed in the occupation/profession for which you are applying, would the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant pose a direct threat to himself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?

*(Questions continue on following page.)*



8. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been terminated from a position because of drug use or abuse?
10. \_\_\_\_\_ Is the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant currently using or has any recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
11. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which he has not successfully completed or is not now participating in a supervised drug rehabilitation program, or for which he has not otherwise been successfully rehabilitated?
12. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever had a documented case as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been **arrested for or charged with** a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
14. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been **arrested for or charged with** a felony in any jurisdiction?
15. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

*(Questions continue on following page.)*

16. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
17. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
18. \_\_\_\_\_ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, 17, or 18 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

---

**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am authorized to sign this Affidavit and Release Authorization on behalf of the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

The applicant is qualified in all respects for the license, certificate, or registration for which it is applying in this application.

To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact. To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

Applicant will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

Applicant understands that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

Applicant understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate the applicant's qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_